Amendment Transmittal Letter

AUTOMATED SALES CENTER

Docket Number

Address To
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
Title of Invention

| NOTOMATED SHEES | CENTER | | | | | | | | | | |
|---|---|-----------------------------|------------------|-------------|---------------------------|--|--|--|--|--|--|
| | | | | | | | | | | | |
| First Named Inventor | William Richard | William Richard TAYLOR | | | | | | | | | |
| Application No. | 10/551,351 | 10/551,351 | | | | | | | | | |
| Filing Date | September 28, 200 | September 28, 2005 | | | | | | | | | |
| Examiner | Maria Teresa T. T | Maria Teresa T. Thein | | | | | | | | | |
| Art Unit | 3627 | 3627 | | | | | | | | | |
| Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. X Applicant claims Small Entity Status. See 37 CFR 1.27. | | | | | | | | | | | |
| Fee Calculation Claims as Amended | | | | | | | | | | | |
| For | #Filed | #Previously Paid For | #Extra | Data | Foo | | | | | | |
| Total Claims | #FIIEG | - 20 = | #EXUA 2 | Rate × 26 = | Fee \$52 | | | | | | |
| Total Indep. Claims | 3 | - 3 = | | × 110 = | 332 | | | | | | |
| | М | lultiple Dependent Claims (| check if applica | able) | | | | | | | |
| | | | | TOTAL | \$52 | | | | | | |
| | | | | | | | | | | | |
| Method of Payment | | | | | | | | | | | |
| □ Deposit Account □ Credit Card □ Check □ Money Order ☒ Other: On-Line Credit Card Payment | | | | | | | | | | | |
| Deposit Account Number 50-0822 | | | | | | | | | | | |
| Charge the fee(s Charge any addit Charge fee(s) inc Credit any overpa WARNING: Inform |) set forth above ional fee(s) or under licated above, excel ayments lation on this for | - | 37 CFR 1.16 at | nd 1.17 | on should not be included | | | | | | |
| | | | Amou | nt Grand To | otal\$52 | | | | | | |
| | | | | | | | | | | | |

Amendment Transmittal Letter

Docket Number

| / Co | | | rrespondence Address | | | |
|--|-------------------------|---|------------------------------------|--|---|--|
| Customer Number | 24041 | | | | | |
| | | | -OR- | | | |
| Name | | | | | | |
| Address | | | | | | |
| City | | | | State | | |
| Country | | | | Postal Code | | |
| Phone Number | | | | | | |
| E-mail Address | | | | | | |
| Certificate of | Mailing by Express Mail | ١ | | Certificate of | Mailing by First Class Mail | |
| I hereby certify that this Amendment, accompanying documents, and fee (if appropriate) are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CPR 1.10 in an envelope addressed to Commissioner for Patents, P.O. Sox 1450, Alexandria, Virginia 22313-1450 on the date indicated below. | | | appropriate) a sufficient posta | re being depos ge as first class P.O. Box 1450 | endment, accompanying documents, and fee (if ited with the United States Postal Service with mail in an envelope addressed to Commissioner , Alexandria, Virginia 22313-1450 on the date | |
| | | | (Date o | f Mailing) | (Name of Person Mailing Correspondence) | |
| (Date of Mailing) | | | \subseteq | (Signature | of Person Mailing Correspondence) | |
| | | | | | | |

Certificate of Transmission

I hereby certify that this Amendment, accompanying documents, and fee (if appropriate) authorization are being facisimile transmitted to the United States Patent and Trademark Office on the date indicated below:

(Date of Transmission) (Nam

(Name of Person Transmitting Correspondence)

(Signature of Person Transmitting Correspondence)

Signature Instructions

Select the name of the person who will electronically sign the Amendment from the drop-down box below.

(Typed or Printed Name of Person Mailing Correspondence)

(Signature of Person Mailing Correspondence)

("Express Mail" Mailing Label Number)

If a practitioner is not present in the drop-down list, you must close this form and select 'Add Practitioner...' in the Form Manager's Utility menu.

Verify that the signatory information is correct and press the 'eSign' button to electronically sign the submission. If you prefer to sign the form manually, simply do not click the 'eSign' button; just print and manually sign.

Signatory Drop-Down Box Maliszewski, Chester Paul

| Name | Chester Paul Maliszewski | Registration Numb | er | 51,990 | | |
|--------------------|----------------------------|-------------------|----|------------|------------|---|
| Signatory Capacity | Agent for Applicant(s) | E-mail Address | | | | |
| eSign | /Chester Paul Maliszewski/ | | Da | ate Signed | 07/13/2009 | フ |